



Request for Prior Authorization Aripiprazole Tablets with Sensor (Abilify MyCite)

(PLEASE PRINT – ACCURACY IS IMPORTANT)

FAX Completed Form To 1.833.404.2392

Pharmacy Help Desk 1.800.460.8988

Prescriber Help Desk 1.833.587.2012

IA Medicaid Member ID #	Patient name		DOB		
Patient address					
Provider NPI Prescriber name		Phone			
Prescriber address			Fax		
Pharmacy name	Address		Phone		
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.					
Pharmacy NPI	Pharmacy fax	NDC			
Prior authorization (PA) is required for aripiprazole tablets with sensor (Abilify MyCite). Payment will be considered under the following conditions:					
1) Patient has a diagnosis of Schizophrenia, Bipolar I Disorder, or Major Depressive Disorder; and					
2) Patient meets the FDA approved age for use of the Abilify MyCite device; and					
3) Dosing follows the FDA approved dose for the submitted diagnosis; and					
4) Documentation of patient adherence to generic aripiprazole tablets is less than 80% within the past 6 months (prescriber must provide documentation of the previous 6 months' worth of pharmacy claims for aripiprazole documenting non-adherence); and					
a) Utilization of a pill boxb) Utilization of a reminder dec) Involving family members of	ng strategies to improve patient adhere vice (e.g., alarm, application, or text ren or friends to assist e with dosing of another daily medication	minder)	een tried wit	hout success:	
6) Documentation of a trial and intolerance to a preferred long-acting aripiprazole injectable agent; and					
care providers and transition me MyCite. Initial approvals will be based portal and document adh must document a plan to improv generic aripiprazole tablets mus compliance has not been estable	document adherence of Abilify MyCite thember to generic aripiprazole tablets aft given for one month. Prescriber must reference for additional consideration. If note adherence. If adherence is improved to be considered. Note, the ability of the lished. If for patients in long-term care facilities.	er a maximi eview memb on-adheren , considerat Abilify MyC	um of 4 mor per adheren ace continue tion to switc	nths use of Abilify ce in the web- s, prescriber h member to	
9) A once per lifetime approval will	,				
,	den when documented evidence is prov	rided that us	se of these a	agents would be	
Non-Preferred					
☐ Abilify MyCite					
Strength	Dosage Instructions	Qua	ntity	Days Supply	

Diagnosis:









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Is patient adherence to generic aripiprazole tablets less than 80% v Yes (provide previous 6 months of pharmacy claims documenting no	-				
Have the following strategies to improve patient adherence been tr	, —				
Utilization of pill box Yes No					
Utilization of a reminder device (e.g., alarm, application, or text reminde Yes Device used:	<u> </u>				
Involving family members or friends to assist					
Coordinating timing of dose with dosing of another daily medication	☐ Yes ☐ No				
Does patient reside in a long-term care facility? Yes No					
Prescriber agrees to track and document adherence of Abilify MyCite through the web-based portal for health care providers and transition member to generic aripiprazole tablets after a maximum of 4 months use of Abilify MyCite? Yes No					
Preferred long-acting aripiprazole injectable trial:					
Drug name and dose:					
Trial dates: Failure reason:					
Medical or contraindication reason to override trial requirements:					
Renewals:					
Prescriber has reviewed member adherence of Abilify MyCite through Yes Adherence rate:	-				
If improved member adherence, consider switch to generic aripiprazole Abilify MyCite use if not switching to generic aripiprazole tablets:					
If member continues to be non-adherent, document plan to improve adh	herence:				
Prescriber signature (Must match prescriber listed above.)	Date of submission				

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.

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